

Site Accreditation Report – Carroll Institute

Completed: January 23-25, 2018

Levels of Care Reviewed:

Substance Use Disorder (SUD) Services

Prevention

Outpatient Services (.5, 1.0, 2.1)

Clinically Managed Low-Intensity Residential Treatment Program (3.1)

Review Process: Carroll Institute was reviewed by Division of Behavioral Health staff for adherence to the Administrative Rules of South Dakota (ARSD) and Contract Attachments. The following information is derived from the on-site accreditation survey of your agency. This report includes strengths, recommendations, and citations for Plans of Corrections and results from reviewing policies and procedures, personnel and case file records, and conducting interviews with clients, administration, and agency staff.

Administrative Review Score: 88%

Combined Client Chart Review Score: 90.8%

Cumulative Score: 90.4%

ADMINISTRATIVE REVIEW SUMMARY

Strengths: The agency provides a wide variety of services. Clients interviewed produced positive feedback and found Carroll Institute to be a supportive environment and the staff accessible. The agency invests in their employees and provides trainings to advance their knowledge. The staff interviewed reported feeling supported by co-workers and administration, open communication with administration and multiple opportunities for trainings all which contribute to a positive environment within the agency.

Recommendations: None

Plan of Correction:

1. The agency shall have a policies and procedures manual to establish compliance with Administrative Rules and procedures for reviewing and updating the manual according to ARSD 67:61:04:01.
2. Each agency shall develop root cause analysis policies and procedures to utilize in response to sentinel events. Each agency shall also report to the division as soon as possible: any fire with structural damage or where injury or death occurs, any partial or complete evacuation of the facility resulting from natural disaster, or any loss of utilities, such as electricity, natural gas, telephone, emergency generator, fire alarm, sprinklers, and other critical equipment necessary for operation of the facility for more than 24 hours according to ARSD 67:61:02:21.

3. The agency has a policy and procedure which prohibits relationships with clients; however, the policy and procedure needs to be updated to ensure full compliance with the rule 67:61:06:03.
4. According to 67:61:06:07, each agency shall have a discharge policy that constitutes reason for discharge at staff request; the procedure for the staff to follow when discharging a client involved in the commission of a crime on the premises of the program or against its staff, the procedure for the staff to follow when a client leaves against medical or staff advice, prohibition against automatic discharge for any instance of non-prescribed substance use, or for any instance of displaying symptoms of mental or physical illness; and procedure for referrals for clients with symptoms of mental illness or a medical condition and those requesting assistance to manage symptoms.
5. The contract attachment requires agencies to publicize priority services for pregnant women, women with dependent children and IV users. The prioritized service needs to be documented in a policy and procedure. Please reference your contract attachment 1.
6. The agency needs to develop a policy and procedure in accordance with ARSD 67:61:06:04 related to grievance procedures. In addition the grievance forms must be updated to contain the current Division of Behavioral Health name, address (700 Governor's Drive, Kneip Building, Pierre, SD 57501), and phone number (605-773-3123), so that clients have the correct information to contact if needed.
7. The agency needs to develop policies and procedures on the storage of records that will ensure compliance with the timelines for closure of inactive clients, or those clients who have had no contact by phone or in person with the agency, as required in ARSD 67:61:07:04. The Rules promulgated in December 2016 now clearly define inactive clients and the timeframe in which case closure is needed. Carroll Institute should develop policies and procedures that will ensure which staff are responsible for this to be in compliance with this rule.
8. The client rights form needs to be updated to the ARSD 67:61:06:02. This went into effect in Dec. 2016. Three of the six guaranteed client rights should be updated to clearly identify all client rights. The following items from this Rule need to be added:
 - i. The right to be free of any exploitation or abuse;
 - ii. To have access to an advocate as defined in subdivision 67:61:01:01(4) or an employee of the state's designated protection and advocacy system;
 - iii. The right to participate in decision making related to treatment, to the greatest extent possible
9. Each residential program shall meet the requirements for control, accountability, and safe storage of medications and drugs according to 67:61:08:02. The agency will need to have poisons and disinfectants stored in a locked area inaccessible to clients and visitors to ensure full compliance with this rule.

CLIENT CHART REVIEW SUMMARY

Strengths: The clients that were interviewed shared positive feedback regarding the services provided by the agency specifically identifying family counseling component. The electronic health record was easy to follow and well organized. The treatment plans consist of individualized long and short term goals. The agency uses non-billable or no show notes which helps tell the story in client's charts.

Recommendations:

1. According to ARSD 67:61:16:04, a person admitted to a clinically-managed low-intensity residential treatment program must have received a medical examination conducted by or under the supervision of a licensed physician within the three months before admission or within five calendar days after admission. Two of the ten charts reviewed did not meet this requirement.

Plan of Correction:

1. A treatment plan shall be completed for outpatient charts within 30 calendar days of admission and Clinically-Managed Low Intensity Residential charts within 10 calendar days of admission according to 67:61:07:06. Treatment plans for both outpatient and clinically-managed low intensity residential were not consistently completed within the appropriate time frames.
2. A transfer or discharge summary shall be completed upon termination or discontinuation of services within five working days according to 67:62:08:14. In review of outpatient and clinically-managed low intensity residential charts the transfer or discharge summaries were not consistently completed within five working days.
3. According to ARSD 67:61:07:12, a tuberculin screening for the absence or presence of symptoms shall be conducted within 24 hours of admission into services to determine if the client has had any symptoms within the previous three months. Outpatient charts viewed were missing documentation the screening was completed within 24 hours after admission or onset of initial SUD services.